



Department of Housing



**The State of Connecticut**

**Department of Housing**

**Community Development Block Grant – Disaster Recovery**

**Request for Proposals**

---

**APPLICATION INTAKE CONTRACTOR**

**Deadline For Submission: Friday, August 23, 2013**

# **REQUEST FOR PROPOSALS**

## **Application Intake Contractor**

### **I. STATEMENT OF OBJECTIVES**

The Connecticut Department of Housing (“DOH”) invites interested firms or organizations to submit their qualifications for evaluation and selection to provide consulting services to assist DOH in serving the needs of owner-occupied housing damaged by Hurricane Sandy that is located in Fairfield, New Haven, New London and Middlesex counties or in the Mashantucket-Pequot Reservation.

The professional consulting services include: Implementation of the single family owner occupied intake/application process for DOH as described in this Request for Proposals (this “RFP”).

### **II. SCOPE OF WORK**

The information provided below outlines the intake process and the role of the Intake Contractor (the “Consultant”).

#### **Application Development**

1. The Consultant will work with the State to convert its current application to an online version and a supporting database.
  - a. The online application will collect sufficient information for the State to determine eligibility of each applicant and evaluate the relative priority of the applicant in accordance with those priorities established by the State.
  - b. The database will generate an on-line account number or identifier which links to a DRGR identifier/number and/or a FEMA application number to facilitate Duplication of Benefit analysis (The applicant will utilize the number to return to the application to add documents or complete sections).
  - c. The Consultant will have access to all applications and supporting documentation and will work with applicants to assist them to complete the application.
  - d. The Consultant will provide the State with a copy of the online application and the database for its unrestricted use.
  - e. The data collected, along with all supporting documentation, shall be the property of State.
2. The forms of the online application access will be:
  - a. Direct via applicant’s computer;
  - b. Direct via public intake centers located at various sites in the affected areas (described further in the Applicant Support section); and
    1. By appointment if the applicant is elderly (over 62) or disabled; the Consultant will schedule appointments with the applicant at a mutually agreeable time and place.

#### **Application Information Conversion**

The State may choose to release a paper or pdf application (the “early release”) prior to hiring the Consultant. If it does so, the Consultant will work with the State to convert these early release applications into the online application and work with the applicants as further described in the sections on **Intake** and **Applicant Support** as indicated below.

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

#### **Intake**

1. The State will implement a multi-media marketing campaign to publicize the availability of the application and the program policies and procedures.
2. The Consultant will cooperate with the State throughout this multi-media campaign to ensure the public is fully informed about the applications and intake process.
3. Once the applicant begins an application, the Consultant will assign a staff member (an "Intake Counselor") to assist the applicant;
4. The Intake Counselor will have access to the assigned application and associated supporting documentation within the database and will assist the applicant in completing the application with all supporting documentation.
5. The Contractor will be paid a flat rate per completed application (see Fee Schedule section under Respondent Qualifications for details).

#### **Logistical Requirements**

1. The Consultant will establish and maintain a toll-free phone number for information on how, where and when people can apply for financial assistance.
2. While DOH will assist the Consultant in identifying and obtaining intake centers in public facilities (state or local) at little or no cost wherever possible, the Consultant will be responsible for obtaining space for intake centers.
3. The Consultant will operate a minimum of;
  - a. Two (2) static intake centers in each of the two targeted counties (Fairfield and New Haven), with preference for locations in Fairfield, Milford, Norwalk, and New Haven;
  - b. Not less than 1 static intake center in each of the two other eligible counties (Middlesex and New London);
  - c. If necessary, "roaming" intake centers in communities other than the static intake center locations.
    - i. "roaming" intake centers are temporary locations that are setup for short durations, 1 or 2 days, in coordination with public outreach efforts.
4. All intake centers must be handicapped accessible.
5. The timeframe for maintaining the static intake centers is four (4) months from the DOH established kick-off date.
6. The Consultant will be responsible for providing the necessary computer hardware and software at each intake center (additional time for the operation of static intake centers may be required).
7. Each intake center shall have a minimum of four computers or terminals for application intake.
8. Each intake center must have at least one printer/scanner.
9. The Consultant will be responsible for the maintenance of the equipment placed at intake centers, both static and roaming.
10. The Consultant will be responsible for providing live technical support to users of equipment located at each intake center during operational hours.

#### **Applicant Support**

The Consultant will be responsible for maintaining adequate staff to provide support services to each applicant throughout the application process until the completed application is submitted.

1. The State estimates that there are over 5,500 potential applicants for the program;

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

2. The Consultant shall submit as part of this response a load analysis from start-up to one year after start-up.
3. The load analysis shall at a minimum define the following:
  - a. Expected level of support in hours for applicants who utilize the direct application process on a monthly basis for a one year period;
  - b. Expected level of support in hours for applicants who utilize the direct application process through an intake center on a monthly basis for a four (4) month period; and,
  - c. Expected level of support in hours for applicants who are elderly or disabled and request assistance on site on a monthly basis for a one year period.
4. The Consultant shall propose the regular hours of operation for on-site support for the intake centers.
5. The Consultant shall propose to DOH a benchmarked applicant contact process for each of the defined types of applicants..
6. The Consultant shall submit in the response an overall staffing plan reflecting the expected load and benchmarked applicant contact process over a twelve (12) month period.
7. The Consultant shall submit a Service Delivery Plan which includes, at a minimum:
  - a. Timeframe for siting intake centers;
  - b. Timeframe for having intake centers fully operational;
  - c. Timeframe for response to applicant questions;
  - d. Response time for establishing meetings with disabled or elderly applicants; and,
  - e. An evaluation methodology for evaluating staff performance at intake centers.
8. The Consultant shall submit in the response a training program and implementation schedule for all intake counselors.
9. The Consultant shall submit a Code of Ethics and Confidentiality which the Consultant will require all Intake Counselors to execute prior to working on the program. A sample is provided with this RFP.

### **III. RESPONDENT QUALIFICATIONS**

#### **General Threshold**

The Consultant providing the professional services must:

1. Be an established professional firm (individuals may not apply).
2. Be covered by a current professional liability insurance policy or the equivalent with customary coverage levels.
3. Demonstrate experience providing intake for federal income based programs.
4. Demonstrate knowledge of the requirements of HUD's Community Development Block Grant (CDBG) and/or Community Development Block Grant-Disaster Recovery (CDBG-DR) programs.
5. Demonstrate that it has, or will be able to obtain, the capacity, either through existing staff or through new hires or subcontractors, to undertake the services requested by DOH within the timeframes requested.
6. The Consultant may sub-contract, but all subcontractors must be identified at the time of submission.
7. The Consultant, including both the entity and its principals, must not be on the Federal debarred list or be in default of any current State contract or obligation, including taxes and fees.

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

#### **Applicant Support Services**

The Consultant must:

1. Provide a complete job description for the position of Intake Counselor, including:
  - a. Minimum educational requirements;
  - b. Minimum experience requirements;
  - c. Required certifications, if any; and
  - d. Other criteria the Consultant deems essential to the scope of work.
2. Demonstrate the capacity, or the ability to obtain the capacity, to meet the requirements of the workload analysis submitted with the Consultant's response.

#### **Fee Schedule**

The Consultant will provide a schedule of fees proposed to the following specifications:

1. Flat Fee per "completed" application;
2. The cost of establishing and maintaining (including technical support services) the required equipment and programming on a per intake center per month basis (four months minimum); and,
3. The cost for establishment, maintenance and staffing of toll-free phone number (during "regular business hours") for one-year.

The Schedule of Fees should be included in the respondent's response to this RFP as Exhibit 5.1. All fees shall be inclusive of administration, overhead and profit.

#### **Period of Performance**

1. The initial period of performance will be one (1) year;
2. DOH may extend the term of the contract by up to one (1) year subject to the same Schedule of Fees and up to one (1) additional year subject to a Schedule of Fees increased by two percent (2%); and
3. DOH may reduce or terminate the period of performance with 30 days written notice.

#### **IV. AWARD CRITERIA**

All proposals will be evaluated for completeness.

Proposals deemed to be incomplete or substantially non-responsive at the sole discretion of DOH will not be evaluated.

All complete proposals will be evaluated using the following criteria:

1. Experience and Capacity (400 points)
2. Timetable to Initiate and Load Analysis (250 points)
3. Fee Schedule (250 points)
4. Staff Training (50 points)
5. Minority/Women Owned Business (50 points)

Proposals submitted in response to this RFP will be evaluated based the quality and the reasonableness of the responses for each item above.

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

#### **V. EVALUATION PROCESS**

A screening committee consisting of DOH staff will review all proposals. If at least three qualified proposals are received, the screening committee will evaluate the proposals based on the weighted award criteria described above and submit its evaluation to the DOH Commissioner. The DOH Commissioner shall make the final selection for negotiation and contracting.

#### **VI. PROPOSAL FORMAT**

Proposals should be submitted as follows:

1. One (1) complete original clearly marked “**ORIGINAL**”, with all required materials having original signatures, where applicable;
2. Two (2) copies with all required materials; and
3. All materials must be bound (3 ring binders, etc.) and tabbed by section and placed in the same order as they are referenced in the proposal. Each tabbed section must include all relevant materials for that section, including proposal materials.

#### **VII. INSTRUCTIONS**

1. Completed proposals and all materials must be hand delivered or mailed via a nationally-recognized overnight carrier to: Hermia Delaire, DOH, 505 Hudson Street, 2<sup>nd</sup> Floor, Hartford, CT 06106-7106. **All proposals must be received at DOH on or before 4:00 p.m. on August 23, 2013.**
2. Any proposal received after the established deadline will not be considered.
3. All responses to this **RFP** must conform to these instructions. Failure to conform may be considered appropriate cause for rejection of the response.
4. An individual authorized to act on behalf of the respondent must submit the proposal. The proposal must also provide the name, title, address and telephone number for the individual(s) authorized to negotiate and contractually bind the organization, and for those who may be contacted for the purpose of clarifying the information provided in the proposal. This information should also be included in the transmittal letter.

#### **VIII. QUESTIONS**

All questions related to this RFP should be submitted to Michael Santoro by e-mail at [michael.santoro@ct.gov](mailto:michael.santoro@ct.gov) **no later than noon (EST) on Thursday, August 1, 2013.** Each question should begin by referencing the RFP page number and section number to which it relates. Answers to all questions received by the deadline above will be posted on the Department of Economic and Community Development website until such time as the CDBG-DR program website has finished construction.

#### **IX. REVISIONS TO THE RFP**

Only written modifications to this RFP issued in the form of one or more addenda will be

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

considered to be alterations to this RFP. Oral comments are not binding. An Addendum may be issued by DOH for any revisions, modifications, clarifications or alterations to the RFP.

#### **X. ERRORS**

If a respondent discovers an error after submitting its response, but prior to the response submission deadline, the respondent may request that the response be withdrawn. This request must be submitted in writing and signed by an officer or authorized representative of the respondent. If the request is approved, the respondent may submit a revised response as long as it is received prior to the response submission deadline.

No alterations or corrections to the responses are permitted after the responses are opened. If an error is discovered after the response opening but before contract award, the respondent may request that its response be withdrawn. An officer or authorized representative of the firm must submit this request in writing. The decision to permit withdrawal of the response will be at the discretion of the DOH Commissioner.

#### **XI. SUBCONTRACTING OR ASSIGNMENT**

In the event a respondent proposes to subcontract for some or all of the services to be performed under the terms of the contract award, it shall state so in its proposal and attach for approval a list of said subcontractors and an itemization of the products and/or services to be supplied by them. Nothing contained in the specifications shall be construed as creating any contractual relationship between any such subcontractor and DOH.

Except as expressly proposed by a respondent in its proposal, the agreement to be entered into between the respondent selected under this RFP, if any, and DOH, may not be subcontracted or assigned by the respondent, in whole or in part, without the prior written consent of DOH. Such consent, if granted, shall not relieve the respondent its responsibilities under the contract, except as otherwise expressly provided therein.

#### **XII. RIGHT TO INSPECT FACILITIES AND RECORDS**

DOH reserves the right to inspect the respondent's establishment before making an award, for the purposes of ascertaining whether the respondent has the capacity to perform the proposed scope of service.

DOH may request references during the evaluation, and such references may be contacted to assist DOH in making a contract award that is most advantageous to DOH.

#### **XIII. CONDITIONS**

Any prospective contractor must be willing to adhere to the following conditions and must positively certify to adhere to them in its proposal:

1. **Acceptances or Rejection by the State.** The State reserves the right to accept or reject any or all proposals submitted for consideration under this RFP.

## **REQUEST FOR PROPOSALS**

### **Application Intake Contractor**

2. **Conformance with Statutes.** Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.
3. **Ownership of Proposals.** All materials are considered public information with the exception of personal and financial information. Following the execution of one or more contracts in connection with this RFP, proposals will be available for review upon request. All proposals in response to this RFP will be the sole property of the State and subject to the provisions of Connecticut's Freedom of Information Act, CGS §1-200 et seq.
4. **Ownership of Subsequent Products.** Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP will be sole property of the State unless stated otherwise in the contract.
5. **Timing and Sequence.** Timing and sequence of events resulting from this RFP will ultimately be determined by the State.
6. **Stability of Proposed Prices.** Any price offerings must be valid for a period of 90 days from the due date of the proposals.
7. **Oral Agreements.** No contract, unless it shall be in writing, executed by an authorized representative of DOH following the obtaining of all necessary approvals and in accordance with all applicable law, shall be binding on DOH. No oral agreement or arrangement made with DOH or any DOH employee shall be binding on DOH.
8. **Amending or Canceling Requests.** The State reserves the right to amend or cancel this RFP.
9. **Rejection for Default or Misrepresentation.** The State reserves the right to reject any proposal if any proposed subcontractor is in the default of any prior contract with the state or for any misrepresentation.
10. **State's Clerical Errors in Awards.** The State reserves the right to correct inaccurate awards resulting from its clerical errors.
11. **Rejection of Qualified Proposals.** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms, conditions and/or specifications of this RFP.
12. **Presentation of Supporting Evidence.** Any respondent, if requested, must be prepared to present evidence of experience, ability, service capacity, and financial standing.
13. **Changes to Proposal.** Except as otherwise permitted by DOH, no additions or changes to a proposal will be allowed after submittal.
14. **Collusion.** By responding, the respondent implicitly states that its proposal is not made in connection with any competing respondent submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud. It is further implied that the respondent did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DOH participated directly or indirectly in the respondent's proposal preparation.
15. **EEO-4 Form.** The proposal shall include a copy of the company's latest EEO-4 report as well as a copy the respondent's equal employment policy statement.

#### **XIV. CONFLICT OF DOCUMENTS**

Should any of the terms of any documents connected to the offer, acceptance, supply of goods, performance of services, and/or any verbal representations be in conflict with this RFP, the terms of the RFP shall supersede all other documents and/or verbal representations. The only exception would be if DOH amends this RFP.



**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**XV. SEVERABILITY**

The invalidity of any portion of this RFP will not and shall not be deemed to affect the validity of any other provision. In the event that any provision of this RFP is held to be invalid, the parties agree that the remaining provisions shall be deemed to be in full force and effect as if they had been executed by both parties subsequent to the expungement of the invalid provision.

**XV. RIGHTS RESERVED BY THE STATE**

DOH reserves the right to modify or waive any requirement, condition or other term set forth in this RFP, to request additional information at any time from one or more respondents, to select any number of proposals submitted in response to the RFP or to reject any or all such proposals.

**XVI. NOTIFICATION OF AWARD**

The selected respondent(s), if any, will receive a Notice of Award. The Notice may contain certain contingency requirements that must be satisfied within a designated time frame. Failure to comply with all provisions of the Notice of Award will disqualify that respondent and the award may be directed to another respondent.

**XVII. PRICE AND PAYMENT**

1. Unless otherwise noted by DOH, all salaries and other budgetary information quoted shall be firm through execution of a contract and shall not be subject to increase during the period of such contract, unless agreed upon by both parties in writing. The Commissioner must be notified in writing of any price reduction within five (5) business days of the effective date.

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**RESPONDENT INFORMATION**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

FEIN No: \_\_\_\_\_ State Sales Tax No: \_\_\_\_\_

If you are using a **THIRD PARTY** to write this proposal, please provide the following:

Consultant/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

**NARRATIVE DESCRIPTION OF SERVICES TO BE PROVIDED**

- 2.1. Provide up to a 2-page description of the proposed activity. **See Section III Award Criteria, Item 1. Attach as Exhibit 2.1.**

**QUALIFICATIONS AND CAPACITY**

- 3.1. Describe the nature of your organization, staffing and overall qualifications to perform and complete this Scope of Work. **See Section III Award Criteria, Item 1. Attach as Exhibit 3.1.**
- 3.2. Please provide organization legal structure documents (e.g., Articles of Incorporation, Partnership Agreement, By-laws, Secretary of State Certificate of Legal Existence/Certificate of Good Standing). **See Section III Award Criteria, Item 1. Attach as Exhibit 3.2.**
- 3.3. Please identify any past experience your organization has in providing the proposed scope of service, including a description of the service, timeframe in which the services were completed, special skills associated with providing this service and any other relevant information. **See Section III Award Criteria, Item 1. Attach as Exhibit 3.3.**
- 3.4. Please provide a signed copy of CHRO "Notification to Responders" form and information addressing (a) through (e) on the form. **Attach as Exhibit 3.4.**
- 3.5. Please provide a copy of your Equal Employment Opportunity Policy Statement. **Attach as Exhibit 3.5.**
- 3.6. Please attach the last three years' audited financial statements (include notes and projections). If audited statements do not exist, attach last three years' federal tax returns. **Attach as Exhibit 3.6.**
- 3.7. Please attach certificate(s) of insurance showing the current coverage. **Attach as Exhibit 3.7.**
- 3.8. **Is the respondent, any principal or any affiliate a defendant in any litigation?**  
☐ YES ☐ NO  
If yes, indicate the nature and status of the litigation. **Attach as Exhibit 3.8.**

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**TIMETABLE TO INITIATE AND LOAD ANALYSIS**

- 4.1** Provide a load analysis. **See Section III Award Criteria, Item 2. Attach load analysis as Exhibit 4.1.**
- 4.2** Provide a service delivery plan, including the timetable for any proposed hiring, and training, as well as implementation initiation. **See Section III Award Criteria, Items 2 and 4. Attach as Exhibit 4.2.**

**PROPOSED FEE SCHEDULE**

- 5.1** Please provide a Fee Schedule, including the breakdown by cost component. **See Section III Award Criteria, Item 3.**

**MINORITY/WOMEN OWNED BUSINESS**

- 6.1** Please indicate if your organization is a minority, women or veteran owned business by completing Exhibit B, if applicable. Note: DOH encourages all entities to make a good faith effort to utilize small, minority, women and veteran owned businesses. **See Section III Award Criteria, Item 5. Attach completed form as Exhibit 6.1.**
- 6.2** Please attach the respondent's equal employment policy statement as **Exhibit 6.2.**

**SUBCONTRACTOR CERTIFICATION FORM**

- 7.1** Please complete the Subcontractor Certification form, Exhibit C, if applicable. **Attach statement as Exhibit 7.1.**

**RESPONDENT CERTIFICATION**

It is hereby represented by the respondent (undersigned) as an inducement to DOH to consider the proposal, that to the best of my knowledge and belief, no information or data contained in the proposal or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. The respondent (undersigned) agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, and other references are hereby authorized now, or any time in the future, to give DOH of any and all information in connection with matters referred to in this proposal.

Certifying Representative:

1. Type Name and Title: \_\_\_\_\_
2. Signature: \_\_\_\_\_
3. Date: \_\_\_\_\_

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**EXHIBIT B (3.4)**

**NOTIFICATION TO RESPONDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as responders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 32-9e of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the responder’s qualifications under the contract compliance requirements:

- (a) The responder’s success in implementing an affirmative action plan;
- (b) The responder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) The responder’s promise to develop and implement a successful affirmative action plan;
- (d) The responder’s submission of employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- (e) The responder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

The undersigned acknowledges receiving and reading a copy of the "Notification to Responder's form.

---

**\* INSTRUCTION: responder must sign acknowledgement below, and return acknowledgment to DOH along with response proposal.**

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On behalf of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RFP Name: **Application Intake Contractor**

**CERTIFICATE OF CORPORATION**

I, \_\_\_\_\_ certify that I am the  
Secretary of the Corporation named in the foregoing instrument; that I have been duly  
authorized to affix the seal of the Corporation to such papers as require the seal; that  
\_\_\_\_\_, who signed said instrument on behalf of the  
Corporation was then \_\_\_\_\_ of said Corporation; that said  
instrument was duly signed for and in behalf of said Corporation by authority of its governing  
body and is within the scope of its Corporation powers.

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**EXHIBIT B (6.1)**

**MINORITY/WOMEN/VETERAN-OWNED BUSINESS CERTIFICATION**

Complete Legal Name of Business: \_\_\_\_\_

Headquarters

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Does your firm meet the following definition of a minority business enterprise (MBE)?**

☐ YES

☐ NO

**A minority business enterprise (MBE) is defined as:** A small business with at least 51% ownership by one or more minority person(s)\* who exercise operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business.

\* Who is considered a minority? A person(s) who is Black, Hispanic, Asian, American Indian, has origins in the Iberian Peninsula, a woman, and an individual with a disability according to the Americans with Disabilities Act - see program information for more detail.

Date Business was first established: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Number of employees \_\_\_\_\_

Type of Business (**Check only one**)

\_\_\_ Sole Proprietorship

Date Established \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ General Partnership

Date of Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Limited Liability Partnership

Date of Partnership \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Corporation

Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Limited Liability Company (LLC)

Date of LLC \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of years company has been owned and managed by present owner: \_\_\_\_\_

Identify the Principal(s) and/or Officer(s) of the company:

**Name(s) of Present Principals/Titles**

**% of Ownership**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the category under which certification of your business enterprise is minority owned, woman-owned, veteran-owned or owned by a person(s) with a disability. Select one or more of the following categories:

A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

<b><u>Minority Category</u></b>	<b><u>Gender</u></b>	<b><u>% of Ownership</u></b>
<input type="checkbox"/> Black American	M / F	<input type="text"/> %
<input type="checkbox"/> Hispanic American	M / F	<input type="text"/> %
<input type="checkbox"/> Iberian Peninsula	M / F	<input type="text"/> %
<input type="checkbox"/> Asian American	M / F	<input type="text"/> %
<input type="checkbox"/> American Indians	M / F	<input type="text"/> %
<input type="checkbox"/> Individual w/ a disability	M / F	<input type="text"/> %
<input type="checkbox"/> Woman (circle below)	M / F	<input type="text"/> %
<input type="checkbox"/> Veteran (circle below)	M / F	<input type="text"/> %

*White > Black > Hispanic > Iberian Peninsula > Asian > American Indian*

“The undersigned swears the forgoing statements are true and correct and including all material information necessary to identify and explain the operations of \_\_\_\_\_ as well as the ownership thereof.”

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corporate Seal (where appropriate)**

**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

**EXHIBIT C (7.1)**

**SUBCONTRACTOR CERTIFICATION**

It is hereby represented by the Subcontractor (undersigned) as an inducement to the Department of Housing to consider the participation as requested herein, that to the best of my knowledge and belief, no information or data contained in the application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. It is also hereby stated that the undersigned will comply with all program requirements for any approved activity and that the organization and its principals are not suspended or debarred as defined in 24 CFR part 5 Subpart A of the Code of Federal Regulations. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or any time in the future, to give the Department of Housing any and all information in connection with matters referred to in this response.

Certifying Representative

Type Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**REQUEST FOR PROPOSALS**  
**Application Intake Contractor**

***Department of Housing***  
**ETHICS AND CONFIDENTIALITY AGREEMENT**

REQUEST FOR PROPOSAL NAME: **APPLICATION INTAKE CONTRACTOR**

I, \_\_\_\_\_ (*Print Full Name*), by my signature below, declare and attest that neither I nor any member of my immediate family, as defined by C.G.S. § 1-79(f), has any personal or financial interests in the Community Development Block Grant – Disaster Recovery program in the State of Connecticut.

I believe in good faith that my participation in the application intake process for this program shall not raise any question of conflict of interest or breach of ethics under the provisions of the State's Code of Ethics (C.G.S. § 1-84 and § 1-85).

Should my participation in this application process include the review and evaluation of personal information, I declare that I have not been and shall not be subject to any undue influence that would affect my fair and objective review and evaluation of the application materials submitted in response to this program.

I agree not to accept any gifts, gratuities, meals, or reimbursements in any form or value from any Applicant who applies to this program or from any other party having a personal, professional, or financial interest in the outcome of this application process.

I also agree not to participate in any *ex parte* communications with any Applicant who applies to this program or with any other party having a personal, professional, or financial interest in the outcome of this application process, except as provided by this program and its approved evaluation plan.

Finally, I agree to maintain the confidentiality of all information and materials that I receive as a result of my participation in this application process.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to,  
Before me, this \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public  
Commissioner of Superior Court

Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Date